

Pretraining Handouts and Resource Materials

Foster Care Reviewer=s Glossary

Adjudication In a child welfare court case, the hearing in which the court determines whether a child has been maltreated or whether there is some other basis for the court to take jurisdiction or authority over the case. The grounds upon which the court may take jurisdiction will vary from state to state; depending on the state, the case may be subject to the court=s jurisdiction if the child is, for example, found to be abused, abandoned, neglected, maltreated, uncared for, in need of aid, in need of services or in need of assistance. ATo hear and decide as case.@ (Webster=s New World Dictionary)

Adoption A legal process that vests all legal rights and responsibilities of parenthood in persons other than a child=s parents (biological or adoptive). In some states, for a child in foster care to be adopted, parental rights must first be terminated in a separate judicial proceeding.

Administrative review A review of the child welfare agency case of a child in foster care, which is: open to the participation of the parents of the child and conducted by a panel of appropriate persons, at least one of whom is not responsible for the case management of, or the delivery of services to, either the child or the parents. Same as a Aperiodic review.@ The term Aadministrative review@ is also used to apply to the type of review conducted by a persons employed, appointed, or hired by the child welfare agency who report to the child welfare agency as distinguished from review conducted by a citizen panel. See, further, Afoster care review board (citizen review board).@

Adoptive parent(s) The person or persons who adopt a child in a legal adoption proceeding.

Americans with Disabilities Act (ADA) A law requiring responsiveness to people with disabilities.

Appeal Resort to a superior (appellate) court to review the decision of an inferior court (trial or lower appellate) or administrative agency.

ASFA - Adoption and Safe Families Act of 1997 is Public Law 105-89. Refocuses attention on the child welfare system by causing states to balance family preservation and reunification with the health and safety of children, which the act declares of paramount importance.

Assistant Attorney General (AG or AAG) This is the attorney to represent the state Division of Child and Family Services in court.

At risk A child whose personal or environmental conditions (poverty, substance abuse, etc.) place the child at greater risk of abuse or neglect.

Attachment The affectionate and emotional tie between people that continues indefinitely over time and lasts even when people are geographically apart.

Best interest of the child A standard frequently used by child welfare agencies and child welfare court in determining whether to undertake specific acts regarding a child.

Birth parent The parents who gave birth to a child. Also called **biological** or **natural** parents.

Bonding Is the word reserved for the unique relationship between mother and infant that occurs during pregnancy and birth. **Attachment** is used for those relationships that develop from birth on.

Case In this training and in common usage, refers to both the process of a child and family through the child welfare agency and to the process of the child and family through the court.

Case law or common law Legal principles or requirements which are based on judicial decisions instead of on statutes.

Case planning The continued process engaged in by a child welfare agency in developing and modifying a child's and their family's case plan.

Caseworker The staff member of a child welfare agency who is responsible for working with a child and/or family.

Child A person under 18 years of age. Synonymous with **minor**. Generally, the foster care system, including termination of parental rights, only applies to children. However, in some jurisdictions, if a child becomes 18 while in foster care or in the jurisdiction of the child welfare court, the child can remain in foster care or under juvenile court jurisdiction, under certain circumstances, until age 21.

Child abuse and neglect The federal Child Abuse Prevention and Treatment and Adoption Reform Act defines child abuse and neglect as having four elements: 1) physical injury, mental injury, sexual abuse, sexual exploitation, negligent treatment, or maltreatment; 2) of a child; 3) by a person who is responsible for the child's welfare (including employees of residential facilities and persons providing out-of-home care); 4) under circumstances which indicate that the child's health or welfare is harmed or threatened. In order to receive funds under the act, states must adopt a definition of child abuse which is consistent with the federal definition. The different types of child maltreatment are further defined as follows:

Child abuse: The physical or mental injury of a child by any parent or other person who has permanent or temporary care or custody or responsibility for supervision of a child, under circumstances that indicate that the child's health or welfare is harmed or at substantial risk of being harmed. It also includes sexual abuse of a child, whether physical injuries are sustained.

Child sexual abuse: Any act that involves sexual molestation or exploitation of a child by a parent or other person who has permanent or temporary care or custody or responsibility for supervision of a child. It includes incest, rape, any sexual offense, sodomy and unnatural or perverted sexual practices.

Child neglect: Leaving a child unattended or other failure to give a child proper care and attention, by any parent or other person who has permanent or temporary care or custody or responsibility for supervision of the child, under circumstances that indicate either: (1) that the child's health or welfare is harmed or placed at substantial risk of harm or (2) mental injury to the child or a substantial risk of mental injury.

Mental injury: The observable, identifiable and substantial impairment of a child's mental or psychological ability to function. This is also referred to as emotional maltreatment.

Child protective services (CPS) the child welfare agency services which receives and investigates reports of suspected child maltreatment and makes a determination regarding the safety of the child in their home or the need for emergency removal for the child's safety.

Child welfare agency The public agency responsible for the provision of, among other services, child protective services (CPS) and foster care. In Utah this is the Division of Child and Family Services (DCFS). The DCFS is one Division of the Department of Human Services (DHS).

Clear and Convincing Proof or Evidence: 1) More than a *preponderance* but less than is required in proof beyond a *reasonable doubt*; 2) Evidence which produces in the mind of the trier a fact, a firm belief or conviction as to the truth of the allegations sought to be established, evidence so clear, direct and weighty and convincing as to enable (the fact finder) to come to a clear conviction, without hesitancy, of the truth of the precise facts at issue.

Concurrent planning Child welfare practice which allows for the simultaneous provision of reunification and alternative permanency planning services within a structured framework.

Consent decree A legal agreement between a court and agency to prevent further litigation if followed.

Continuances Sometimes all of the information is not ready or the attorneys are not prepared. If that happens, the Court may grant a continuance and set a new date for the hearing.

Court-appointed special advocate (CASA) In some jurisdictions, a person appointed by the child welfare court to present to the court the needs and interests of the child. In Utah a CASA is a volunteer trained and supervised by the Guardian *ad Litem*'s office.

Court-Ordered In-Home Services (PSS - Protective Services Supervision) are very similar to voluntary, except these services are brought to the attention of the court, usually through a petition filed by a Child Protective Services (CPS) worker, and the court had ordered protective services supervision (PSS) in the home. There is always a treatment plan in place for the family and perhaps specific members, and it must deal with the specific concerns brought to the court in the petition. Some additional services may include day treatment, homemakers services or the use of aides in the home.

Cultural responsiveness A set of congruent system, agency and individual practice skills, attitudes, policies and structures that promotes positive interaction between individuals, families and communities and is effective in the context of cultural differences.

Custody the right and responsibility of determining the residence, care and education of a minor.

Disposition Any order of the court, after adjudication.

Dispositional Report A written summary of the findings of a review of a case of a child in foster care and the recommendations of the reviewers, submitted to only those parties specified in state law.

Emergency removal hearing (shelter hearing) A hearing held by the Juvenile court which determines the need for emergency out-of-home placement for a child who is alleged to have been maltreated. This hearing must be held within 72 hours (regular business hours) of the child's removal from their home.

Encopresis Repeated passage of feces into inappropriate places which occurs at least once a month for a period of at least three months.

Enuresis Repeated voiding of urine into bed or clothes.

Failure to Protect The child is at risk because the non-abusive parent is unwilling or unable to protect the child from continuing abuse.

Failure to Thrive When a parent-child relationship presents disturbances that affects the child's normal growth pattern. Presenting signs include poor weight gain, below normal growth, sagging skin folds and little or no parental interaction.

Family preservation services (PFP) provided by the child welfare agency which support the principle, established in law and policy, that a child should be maintained in her or his family if the child's safety can be ensured.

Family reunification services provided by the child welfare agency which support the principle, established in law and policy, that the preferable permanency plan for a child in foster care is Areunification,@i.e., return to her or his family if the child's safety can be ensured.

Foster care Continuous 24-hour care and supportive services provided for a child and the child's family while the child needs supplemental care outside of the child's family. Foster care may be provided in a foster family, group home or institutional setting.

Foster Care Citizen Review Board (FCCRB) A volunteer panel of citizens who review the cases of children who have been in foster care with the Division of Child and Family Services. Boards generally seek to identify the efforts that have been made to acquire permanent and stable placement for foster children, and to encourage and facilitate the implementation of permanency plans in their best interest.

Foster family home A type of foster care in which the care is provided in a family setting.

Group home an out-of-home placement in a small group setting.

Guardian *ad litem* (GAL) A lawyer who represents the best interest of a child in a child welfare court proceeding. In Utah the GAL's are employees of the Administrative Office of the Court.

Guardianship is the legal relationship between a child and the caretaking adults or adults. Often foster parents become the legal guardian for a particular child. Guardianship does not require the parents to relinquish their legal rights.

Independent living A possible permanency plan for a youth in foster care in which the goal is that the child will be self-sufficient after discharge from foster care, usually around the youth's eighteenth birthday.

Indian Child Welfare Act (ICWA) A federal law which specifies the manner in which child welfare agencies and child welfare courts must handle cases involving American Indian and Alaska Native children.

Individuals with Disabilities Education Act (IDEA) A federal law that requires states which want to receive funds under the act to have policies which ensure that all children with disabilities have access to free, appropriate education.

Interstate Compact on the Placement of Children (ICPC) A compact between the 50 states and the District of Columbia which governs the placement of children across state lines for foster care or adoption placements.

In-Home Services include Family Preservation Services (PFP), Voluntary In-Home Services (PSC), Court Ordered In-Home Services (PSS), and Youth Services (PYS).

IV-E, non-IV-E, IV-B: Eligibility categories which determine funding sources for children in foster care. The Roman numerals and letters refer to specific provisions of the Social Security Act.

Jurisdiction The power of a court to hear a particular case.

Juvenile Court This is the court with jurisdiction over cases involving children in foster care, i.e., shelter hearing after emergency removal, adjudications, dispositions, periodic reviews, termination of parental rights and adoption. The Juvenile Court also hears and makes decisions regarding delinquency cases.

Kinship care (relative placement) Care provided to a child by kin (relatives), whether full-time or part-time, temporary or permanent, and whether initiated by private family agreement or under the custodial supervision of a child welfare agency or by an order of a court.

Long-term foster care A permanency plan for a child in foster care in which the child remains in foster care. This plan is the least favored option for a child.

Multiethnic Placement Act of 1994 (MEPA) A federal law which prohibits denial or delay of placement for foster care or adoption by any agency that receives federal funds because of the child's or foster/adoptive parent's race, color or national origin.

Out-of-home care provided to children placed outside their homes into foster care. Care may be provided by foster family homes, group homes or institutions.

Parental Rights While the child is in foster care, the natural parent retains some rights to govern what happens to the child. But when a parent's rights are terminated, they no longer retain that privilege.

Party One of the sides of a court case.

Peer Parenting usually refers to the child's foster parent providing one to one parenting training, guidance and advice to the child's natural parent.

Periodic review The six-month review of cases of children in out-of-home care required by Public Law 96-272 and most state law. Same as an Administrative review.

Permanent Deprivation is the legal result of the termination of parental rights. The natural parents are permanently deprived their rights as parents to the child.

Permanency gives a child: 1) a family intended to last a lifetime, 2) a family where he or she can grow and develop physically, socially, emotionally, intellectually, spiritually and morally, 3) a healthy and reliable place to live.

Permanency Hearing in a child welfare court case, the hearing in which the court reviews the child's case to ensure that a permanency plan is being implemented in the child's best interest. If the child is committed to the Division of Child and Family Services for placement outside the home the first permanency hearing must be held within 12 months after the initial removal from home and thereafter, at least every 12 months for as long as the child continues in out of home care.

Permanency plan A plan specifying where and with whom a foster care child shall live, the proposed legal relationship between the child, the permanent caretaker or caretakers and a projected date by which the living arrangement and legal relationship will be achieved.

Permanency planning The process by which a child welfare agency with responsibility for a child in foster care develops and implements a permanency plan for the child.

Petition A formal, written request to the court that it make a decision and direct actions for the child. The petition is a pleading that begins a court case. It contains the facts and circumstances upon which a court is asked to provide certain relief as well as the nature of the relief sought. The document containing the material facts and allegations upon which the court's jurisdiction is based.

Preponderance of evidence Evidence which is of greater weight or more convincing than the evidence which is offered in opposition to it, that is, evidence which as a whole shows that the fact sought to be proved is more probable than not.

Proctor home is the same as a foster home. Usually a proctor home is licensed and monitored by a private agency or the Division of Youth Corrections.

Protective Custody If a determination is made that the child cannot remain at home safely and is subsequently removed, then the child is placed in protective custody. It is then required that a hearing be held before a Judge to determine if the child should remain in custody.

Protective Youth Services (PYS) is the voluntary provision of services to adolescents and their families.

Public Law 96-272 The Adoption Assistance and Child Welfare Act of 1980, a federal law intended to prevent foster care drift and increase effective permanency planning for children in foster care. Case plans, findings of reasonable efforts, periodic reviews and Dispositional reviews are among its requirements for states wanting a share of money appropriated under the Act.

Reasonable efforts For each foster child, Reasonable efforts® must be made prior to the placement to prevent or eliminate the need for the placement and after the placement to make it possible for the child to return home. Whether reasonable efforts have been made is a case-by-case determination, and is determined by looking at the quality of efforts made and the nature of services offered.

Regulation Directions for the operation of a government agency developed by the agency to implement the agency's statutory responsibilities. Regulations have the force and effect of law when issued following notice to the public and an opportunity for the public to comment.

Removal of a child from home The removal of a child from their home is based on the belief that there is substantial cause to believe: (1) there is substantial danger to the physical health or safety which cannot be remedied without removal; (2) previous adjudication of a child as abused or neglected and a subsequent incident of abuse or neglect occurs; (3) emotional maltreatment; (4) child has been sexually abused in the home; (5) the parent is unwilling to keep the child; (6) the child has been left without any provision for support; (7) the parents are unknown and the person with whom the child was left is no longer able to care for the child; (9) child is in immediate need of medical care; (10) the child, or another child in the home has been neglected; (11) an infant has been abandoned; (12) the parent or an adult residing in the same household has been charged or arrested under the Clandestine Drug Lab Act and the lab was located in the residence or on the property where the child resided or (13) the child's welfare is otherwise endangered.

Reunification is the process of returning children to their parents following a placement in substitute care.

Rule In this manual, the guidelines established by a state's highest court to govern both operation of the state's courts and appearances before the courts.

SAFE DCFS database and case management system.

Service plan A written document which contains at least: (1) a description of the home or institution in which the child is placed; (2) a plan for assuring that the child receives proper care and the services are provided which will facilitate the child's return home or other permanent placement; (3) the child's health and educational records; and, (4) the visitation plan.

Sexual abuse As defined by the federal Child Abuse and Adoption Assistance Act, A(A) the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; or, (B) the rape, molestation, prostitution, or other form of sexual exploitation of children or incest with children.@

Shelter Care is the initial placement of a child into protective custody upon removal from their home. This placement should not exceed 14 days.

Sibling at Risk Another minor residing in the same household has been severely neglected or physically or sexually abused.

Social Security Act: This is the Act which established the Social Security system and sets up the criteria for withholdings, retirement payments/benefits, disability benefits and support for children of deceased working parents. Section IVE of this act also outlines the conditions under which states receive federal payments for foster care and adoption assistance. The 1980 amendments to the Social Security Act are known as **P.L. 96-272**. It was these amendments that established the requirement for periodic reviews, a written case plan, a reasonable efforts determination by the court and time frames for court reviews.

Special needs A term used to describe children for whom it is difficult to find foster or adoptive families (for example, children with medical conditions, learning delays, etc.)

Staffing the name given to the process of periodically reassessing and redeveloping the permanency plan and case plan.

Statute A law passed by a legislative body. For federal laws, a statute is a law passed by Congress.

Temporary Assistance for Needy Families (TANF) A new federal financial assistance program which replaces Aid to Families with Dependent Children (AFDC).

Termination of parental rights (TPR) A legal process that severs the legal relationship between parents and child and vests that authority in the child welfare agency. The TPR order places the child in the guardianship of the child welfare agency and gives the agency the right to consent to adoption or long-term care short of adoption.

Title VI of Civil Rights Act of 1964 A federal law which states no person shall on the ground of race, color or national origin be excluded from participation in, denied benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance from the Department of Health, Education and Welfare.

Twenty-Four hour meeting is convened by the Division of Child and Family Services within 24 working hours after a child has been removed from their home. It is a multidisciplinary staffing with participants from the attorney general's office, the guardian ad litem, health team, school, mental health and other key participants with knowledge regarding the child and family.

Voluntary In-Home Services (PSC - Protective Services Counseling) are provided by Child Welfare staff in all parts of the state. This service, as its name implies, is voluntary, although generally there are sufficient concerns of abuse or neglect for the agency and the community to have some protective intervention provided, although not serious enough to file a petition in Juvenile Court for court-ordered services.

Voluntary Relinquishment is the voluntary relinquishment or giving up of parental rights. This must be accomplished in Juvenile Court.

Additions to the Glossary

List here acronyms and terms not listed in the glossary, which will be important to you as a reviewer.

Case Example: Miller/Hamlin Family*

Carolina Hamlin	age 25
Richard Hamlin	deceased
Jonathan Miller	age 32
Mariana Miller	infant
José Hamlin	age 4
Susana Hamlin	age 5

Rosa Hernandez **age 22**
(sister of Carolina)

Reason for Referral:

On November 1, 1998, Robert Freid, pediatrician from Greenwood Hospital, reported the expected birth of a high-risk child. Carolina Hamlin was pregnant, due to deliver December 7, 1998. The doctor reported that she had been diagnosed with depression and had a history of drug abuse. The doctor also reported that Ms. Hamlin had told him that the Division of Child and Family Services (DCFS) had previously removed her other two children in 1995, due to neglect and drug involvement. The children were returned to Ms. Hamlin about a year later after she had successfully begun recovery through the help of Narcotics Anonymous. Dr. Freid and the health nurse had seen Carolina Hamlin over the past several months, trying to assure that she receive adequate prenatal care. Carolina was progressively less responsive to these contacts and sometimes appeared unconcerned about the care of her expected child, or the preparation for the birth.

On November 5, 1998, DCFS received a call from the hospital that Ms. Hamlin had prematurely delivered a female child named Mariana. The mother's behavior was described by the hospital as being Apsychotic@ during and after delivery, and that the mother was unable to care for herself, let alone her child. Ms. Hamlin's sister, Rosa Hernandez, was caring for the two older children but it was clear that she had neither the space nor the resources to care for a newborn with health problems. Rosa speaks limited English and had just moved to the community from Southern Texas. The hospital and doctor were requesting probable need of protective custody for this child, since Ms. Hamlin would probably require further hospitalization.

The hospital kept Mariana in care until November 22 when DCFS received word that the child was ready for discharge. Ms. Hamlin had been moved to the psychiatric ward. Mariana was placed in protective custody and a petition was filed.

* Because of confidentiality, this is a fictitious case example. It is adapted with permission from material developed by Donna Schuurman for the *Oregon Citizen Review Board Manual* (January 1995).

On November 22, 1998, a petition was filed in Juvenile Court alleging that Mariana's conditions and circumstances were an endangerment to her own welfare in that, Carolina, her mother, was incapable of providing for Mariana and her special medical needs. Carolina was incapable of providing care because of her hospitalization, continued depression and possible psychosis. A shelter hearing took place on this same date. Ann Bryant was selected as the Court Appointed Special Advocate (CASA) for Mariana. Attorney Jim Palmer was appointed to represent the parents. The court found probable cause for Mariana to remain in DCFS custody with a recommendation for shelter care placement. Mariana was subsequently placed with a medical foster parent.

Family Information:

Carolina Hamlin is a young Mexican-American woman who is fiercely trying to manage her life, which often seems unmanageable. She speaks English well, but prefers Spanish, especially since her sister, Rosa, speaks limited English. Carolina's mother, after suffering from diabetes most of her life, is deceased. Carolina's father's whereabouts are unknown. The last the family heard, he was an active alcoholic. Ms. Hamlin is close to her sister who has been supportive during Carolina's battle with drugs. Carolina and Rosa have one brother who lives in Texas, but his whereabouts are unknown. Ms. Hamlin used alcohol in her early teen years, with increasingly progressive use. After her marriage in 1990 she stopped drinking. She began using drugs after the death of her husband in 1994. Richard Hamlin died as a result of injuries sustained in an automobile accident. His blood alcohol level was .14 at the time of his death. Her friends and companions at that time supplied her with drugs, and encouraged her to forget her problems. She has maintained intermittent employment at minimum wage, requiring public assistance when she was without employment.

The two older children were placed in care May 1995 at the ages of 2 and 10 months, after Carolina had left them alone for approximately five hours. A neighbor reported the situation. The children were removed and placed in emergency foster care for four days. They moved to regular foster care when Carolina and the staff agreed that she would require treatment for drug abuse. Carolina's sister, Rosa, was too young to provide a home for the children, and no other relatives were available. DCFS staff helped get Carolina into treatment for her drug abuse. The children were returned to Carolina in March of 1997.

The children moved in with their Aunt Rosa in September 1997, when their mother became increasingly depressed.

Jonathan Miller is the father of Mariana, according to both he and Carolina. Little is known about Jonathan's background, other than he and Carolina had been living together for the past several months, until she became depressed in September. José and Susana say they like Jonathan. Rosa says she has only known him a few months, but that he appeared to enjoy Carolina and the children, before Carolina became depressed. He moved out then and has since been living with friends, moving around every week or so. Jonathan met Carolina at Narcotics Anonymous. He works full time in a local discount department store as a manager of stock.

Mariana Miller was born 11/5/98. Her expected due date was December 7, 1998. Mariana's mother was brought to Greenwood Hospital by her sister, Rosa, when it was obvious she was in labor. Mariana was born the same day. She weighed 5 pounds, 1 ounce. Mariana was kept in the hospital until November 22, 1998 because of her low birth weight and respiratory problem. Hospital staff also wanted to check for possible drug related complications. Mariana was experiencing periods of apnea and was on a heart monitor. The lab test on Mariana verified she was not drug affected. Mariana left the hospital on November 22. She was placed in a medical foster home where she was continued on a heart monitor. Although it is felt she will not have to be on the heart monitor much longer, her condition needs to be monitored closely. Even though Mariana has special medical needs, she is a very appealing child. Mariana is fed on a frequent schedule and is gaining weight faster than was first expected. The medical foster parent, Helen Hart, and the pediatrician have a good rapport which is helpful in monitoring Mariana.

José Hamlin is a typical 4-year-old in most ways. He speaks Spanish at home some, and always with his aunt. He also speaks English. However, he is more active than many boys his age. His mother worries that her drug use after the death of José's father harmed José. José sometimes asks his mother and his aunt where his Areal daddy is. José goes to a day care center every day. The director of the day care center has talked with Rosa and Carolina about asking a physician about drugs to help José with his short attention span and high activity level. Both Rosa and Carolina are opposed to the idea.

Susana Hamlin looks and acts a little older than her 5 years. She is very protective of José and tends to Amother him. Susana is in a full-day kindergarten program, where she is an excellent pupil. She speaks both Spanish and English.

Rosa Hernandez is Carolina Hamlin's sister. Rosa is 22 years old and is very close to her sister. They went through emotional battles as children, with a father who drank too much and a mother who had many health problems. Rosa considers Carolina her only family, since their older brother has lost contact with them. She and Carolina's NA Sponsor were essential supports to Carolina as she began recovery. Rosa has just begun a community college course in English as a second language. She loves Susana and José, but finds it challenging to keep them in her one-bedroom apartment.

Questions:

- 1) What strengths can you identify in this family?
- 2) What questions do you have about this family's situation, especially around legal issues?
- 3) What do you see as the problems that brought these children into care?
- 4) What do you want to see as an outcome for this family?

Reviewer Training Work Sheet

- 1) As a reviewer, what do you see as the purpose and benefits of understanding the historical, cultural and legal foundation of child protection, foster care and foster care review?

- 2) As a reviewer, what do you see as the purpose and benefits of understanding the dynamics of separation and loss on attachment and bonding?

- 3) As a reviewer, what do you see as the purpose and benefits of understanding the importance of connections for children?

- 4) How might the cultural, ethnic and racial imbalances discussed during this training affect you as a reviewer?

- 5) In what ways is it important for a reviewer to understand the case planning process?

- 6) In what ways is it important for a reviewer to understand the AStrengths-based Approach@to case planning?

Training Outcomes and Abilities

Outcomes of the EQUIP foundation training for new foster care reviewers:

Through implementation of this training public child welfare agencies and citizen foster care review boards can expect the following outcomes:

- 1) Citizen and/or administrative reviewers will be operating with similar expectations around the appropriateness of placement and time in care, and with a similar skill-base for determining if those expectations are being met.
- 2) Families served through out-of-home care will more likely experience consistency in high-quality review services.
- 3) Families served through out-of-home care will have more assurance that their out-of-home care experience will be reviewed with sensitivity, including responsiveness to race, ethnicity, language, culture, economic status and the child-s and family-s unique characteristics, strengths and needs.

Core abilities for EQUIP foundation trained reviewers:

To achieve the above outcomes, citizen and/or agency reviewers who participate in the EQUIP Foster Care Review Foundation Training will be able to apply the following listed core abilities.

Core Ability 1: Trained citizen and administrative reviewers will be able to make effective findings and recommendations about the appropriateness, cultural responsiveness, language appropriateness, quality and timely implementation of the permanency plan.

Core Ability 2: Trained citizen and administrative reviewers will be able to communicate clearly and empathetically with any person involved in a review, including those persons whose English proficiency is limited.

Core Ability 3: Trained citizen and administrative reviewers will be able to communicate their findings and recommendations clearly to all parties, and only the parties, permitted by law and policy to receive foster care review findings.

Enabling abilities for EQUIP foundation trained reviewers:

For each of the three core abilities there are several enabling abilities which provide the skill and knowledge base essential for the performance of the core abilities. Following are the enabling abilities for each of the core abilities.

Core Ability 1: Citizen and/or administrative reviewers will be able to make effective findings and recommendations about the appropriateness, cultural responsiveness, language appropriateness, quality and timely implementation of the permanency plan.

This core ability requires the following enabling abilities. Trainees should be able to:

1.1 Work in a foster care review group environment.

- Ë Describe the expectations of reviewers, including process and results.
- Ë Describe the types of reviews used in this community.
- Ë Describe the history of foster care reviews.
- Ë Describe the purpose of foster care reviews.
- Ë Identify the provisions of the state law addressing foster care review boards and/or administrative review.
- Ë Describe the protocol of foster care reviews.
- Ë Describe the benefits of foster care reviews for the community.
- Ë Define cultural competence and explain why cultural competence is essential for reviewers.
- Ë Describe methods to manage group conflict.
- Ë Describe the benefits and problems of consensus building as part of decision making.
- Ë Describe ways to maintain physical and emotional health as a reviewer.

1.2 Assess underlying issues for a family involved in the out-of-home care system.

- Ë Describe the concepts of child protection and family preservation in out-of-home care.
- Ë Define permanency planning and other common and basic terminology.
- Ë List the four main safeguards required by Public Law 96-272.
- Ë Explain underlying dynamics and causes of abuse, neglect and maltreatment.
- Ë Describe the dynamics of bonding and attachment in out-of-home care.
- Ë Describe the dynamics of separation and loss in out-of-home care.
- Ë Describe the importance of a child's connections to family/kin network, language and culture.

1.3 Assess what the agency is doing and what the agency should be doing with a child and family.

- Ë Describe the intent and purpose of out-of-home care law and policy.
- Ë Describe how the dynamics of child protection, family preservation, separation, loss, bonding and attachment are addressed in law, policy and child welfare practice.
- Ë Analyze a case plan and other written documentation of out-of-home care services.
- Ë Describe the stages of a foster care case in the child welfare agency.
- Ë Describe the court stages of a child welfare case.
- Ë Describe the appropriate content of a foster care case plan and record.
- Ë Identify in written case materials where foster care law and policy are being met and where they are not being met.
- Ë Determine if a plan contains behavioral, specific and measurable outcomes or goals for a child and family.
- Ë Describe behavioral, specific and measurable outcomes for children and families.

- Ë Describe the role and responsibilities of the legal system in their community, including court volunteers such as court-appointed special advocates (CASA), guardians *ad litem* (GAL), attorneys, judges, etc.
- Ë Identify the parties to the court proceeding.
- Ë Describe the role of the public child welfare system.

1.4 Use interviews to determine where foster care law and policy are being met and where they are not being met.

- Ë Use the strengths approach in interviewing, summarizing and making recommendations.
- Ë Apply the concepts of strengths and needs in analysis of a case plan.
- Ë Explain the components of the strengths approach.
- Ë Identify strengths, needs and barriers in a case plan.
- Ë Identify strengths, needs and barriers in the out-of-home care system as reflected in the case plan.
- Ë Identify cultural, racial and ethnic issues important in the application of the strengths approach.
- Ë Identify cultural lenses that affect the analysis of case plans.
- Ë Identify cultural lenses that affect the analysis of a family's strengths and needs (including the kinship network).

Core Ability 2: Citizen and/or administrative reviewers will be able to communicate clearly and empathetically with any person involved in a face-to-face review, including those persons whose English proficiency is limited.

This core ability requires the following enabling abilities. Trainees should be able to:

2.1 Use nonthreatening interviewing techniques that are culturally appropriate.

- Ë State the purpose of asking questions in the foster care review meeting.
- Ë Describe ways to make parents, children and other participants comfortable in a review setting.

- Ë Describe ways to ask culturally responsive questions in a nonthreatening way.
- Ë State at least six effective opening questions.
- Ë Describe ways to seek more information in a nonthreatening way, using effective follow-up questions.
- Ë Identify at least six common mistakes in interviewing in foster care reviews.

Core Ability 3: Citizen and/or administrative reviewers will be able to communicate their findings and recommendations clearly to all parties, and only the parties, permitted by law and policy to receive foster care review findings.

This core ability requires the following enabling abilities. Trainees should be able to:

3.1 Make an informed decision to maintain confidentiality of all parties to a foster care review.

- Ë Describe purpose and rationale for confidentiality law and policy.
- Ë Describe the behavioral expectations of foster care reviewers re: confidentiality law and policy.

3.2 Describe what is to be included in written findings and recommendations and the foster care reviewer-s role and responsibilities for documentation.

History of Child Protection and Foster Care*

Early History of Child Protection and Foster Care

The origin of modern foster family care can be traced to New York City in 1849. Police were concerned about a large number of vagrant children living on the streets of New York.¹ Charles Loring Brace, a minister, founded the Children's Aid Society in response and developed the Placing Out System. The approach appealed to motives of Christian charity and the need for farm labor. Between 1854 and 1929 an estimated 100,000 children were shipped on orphan trains to the Midwest where families took the children and raised them in return for the value of their labor. Most reports indicate that the children fared well. But clearly, the children were viewed as a resource to meet the needs of foster families; that the reverse occurred was of secondary importance. In effect, foster care began as a form of indentured servitude.

Legal issues of child protection trace their origin to the case of Mary Ellen in 1875. Mary Ellen was beaten and neglected by a couple with whom she lived since her infancy. Because there was no legal measure available to protect children at that time, community leaders appealed to the Society for the Prevention of Cruelty to Animals. Because the law did protect animals from abuse, the complaint was accepted and protection was granted to Mary Ellen. Her guardians were sent to prison.²

Foster Care As Service to Foster Families

Consider the implications of these beginnings. Since foster care was a service to foster families, it was easy to view foster families as clients, a status that lingers even today. Similarly, it left the role of the birth family unclear, and defined it as unimportant. This status influenced our approach to recruitment. We viewed prospective foster families' primary motivations as the desire for a child and consequently we promoted children in most recruitment media. There was little attempt to match children's needs with family strengths, resulting in placement practices based on the preferences of the family. Also, the goal was generally long-term placement, a type of informal adoption. The focus of placement was on the child's adjustment to the foster family and on alleviating the child's presenting problems, only so far as they related to a successful (stable) placement.

* Adapted from *Achieving Permanence Through Teamwork* (Atlanta, Georgia: Child Welfare Institute, revised 1994). Adapted from original material by Thomas D. Morton, et al. *Fostering Permanence: Goal-Focused Foster Care Practice* (Atlanta, Georgia: Child Welfare Institute, 1988). All rights reserved. May not be reproduced or adapted for any use other than the EQUIP foundation training without permission from the Child Welfare Institute.

Charles Birtwell and the Boston Children's Aid Society, beginning in 1886, developed a model that substantially formed the basis of modern practice. Birtwell's approach focused on the needs of the child. Placements were individualized based on a study of the child. He conceived of children being restored to their parents, developed a means for studying foster families and began to shift the trend of using foster care to rescue children from their parents. He pioneered the concept of reimbursing foster families for the expenses of care, giving the agency more freedom in selection and reducing discomfort associated with supervision of the home.³

Foster Care As Service to Birth Families

The shift to using foster care as a temporary resource was accompanied by the development of supportive services for birth parents. Although foster care was ideally temporary, evidence emerged in the late 1950s suggesting that temporary care was becoming a permanent way of life for many children. Maas and Engler⁴ in 1959 chronicled practices that were later to be labeled as foster care drift. Children were experiencing multiple placements and little effort was realistically being made to alter this condition. The later publication of Fanshel and Shinn's⁵ longitudinal study of children in foster care and two other major studies published by the U.S. Children's Bureau and the Children's Defense Fund⁶ spurred the call for national legislation to bring abuses of foster care to an end through a series of practice and policy reforms.

The passage of PL 96-272, known as the Child Welfare Reform Act of 1980, and similar state legislation, such as The Child Welfare Reform Act passed in New York in 1979, instituted several changes in practice. One of the most significant changes was the requirement of a review of the case plan at six-month intervals and a required dispositional hearing at 18 months. Other federal requirements included a case plan (at one point it was estimated that less than 50 percent of cases had clearly defined plans); a judicial determination that reasonable efforts had been made to prevent placement; the development of case tracking and monitoring systems to ensure that children did not get lost in the system; and the development of preventive service programs designed to reduce the need for placement. States' continued access to federal funds for foster care was dependent on passing periodic reviews of efforts and compliance with these requirements. The revisions in 1997 to the Social Security Act by ASFA changed the 18-month time frame to 12 months.

Decade of Reform S And New Reforms

The decade from the late seventies to the mid-eighties has been referred to as the era of child welfare reform. In addition to legislation, numerous court decisions have altered practice. For example, a consent decree resulting from the Zumwalt case in Missouri required the state to develop a Life Book for each child in foster care and mandated training for foster parents. The presence of child abuse within foster homes has prompted states to respond with such measures as records checks against the state central child abuse registry for prospective

foster parents and prohibiting the use of corporal punishment in foster homes.

Reform, like most endeavors, has had both positive and negative effects. On the positive side, more than 40 percent fewer children are in foster care today than a decade ago. Children stay in care for shorter periods of time and experience fewer placements. However, on the negative side, the publicity that reform has stimulated has given the public and the field an image of foster care as being an uncaring system where children are lost or even abused. This image belies the experience of most children. In the early sixties many dependent, neglected and abused children were sheltered in juvenile detention facilities and adult jails. The foster family care system was greatly expanded during this era as a humane alternative to these conditions.

Practically speaking, the foster care system does not bring children into care and many foster care systems do not control exit. The decision to place is made by Child Protection Services (CPS) and the courts, and children's exit from care is based on others' work with birth families or adoption efforts. This does not suggest that foster care should not be accountable for its actions, but rather implies a need to better integrate child protective and adoptive services with foster care.

The evidence of this is particularly visible in agencies which have moved to increase the partnership between birth parents and foster or adoptive parents. Parent preparation and selection models such as the Group Preparation and Selection Program for Foster and Adoptive Families of the Model Approach to Partnerships in Parenting have successfully demonstrated it is possible to prepare foster parents to work in partnership with birth families. However, one of the greatest barriers to building this partnership in these agencies continues to be the absence of support from foster care, adoption and CPS staff for the foster parent/birth parent alliance or for including the foster parent as a legitimate member of the service team. Evidence exists that the foster parent's ownership of the permanency planning role influences case outcomes. Ownership and partnership in parenting contribute positively toward earlier attainment of the permanency goal. Partnerships in parenting is not just a value. It is a basis of practice necessary to maximize benefits for children.

Best practice today requires agency child welfare staff to work from a strengths-based, family focus. Best practice means also that staff build professional team relationships with foster parents and other helpers to best support families. Best practice finally requires honest, direct and timely support of parents in their role as parents. This does not preclude concurrent planning, a practice which allows for the simultaneous provision of reunification and alternative permanency planning services within a structured framework that gives birth parents fair opportunities to reclaim their families without robbing children of their chance for timely permanence.

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History of Foster Care Review*

What is Foster Care Review?

Foster care review was originally designed as a protection for children in care, a periodic check to ensure that children in care were moving toward a permanent home. Innovations in the field of child welfare, however, demonstrate that review can also be a management tool for child welfare administrators to monitor and improve outcomes for children. This is achieved by providing crucial data on children in foster care and their families, service gaps and the impact of service strategies to the overall quality assurance system established by the state. Planned and implemented properly, foster care review can be an accurate mechanism to periodically assess the status of a child in out-of-home care in terms of safety, progress toward permanency, and child and family functioning.

The foster care review system may encompass a range of activities including case planning, case consultation and staffing, and quality improvement. In all states and communities, however, review works to achieve the following outcomes:

- Assure that reviews are conducted with sensitivity, including sensitivity to race, ethnicity, culture, economic status and the child's and family's unique characteristics, strengths and needs.
- Verify critical information used to make case decisions and findings in foster care cases.
- Establish community standards to assure that an agreed-upon quality of service is being maintained consistently throughout the time during which foster care services are being delivered.
- Consistently provide families served through out-of-home care with high quality review services which are culturally responsive and language appropriate.
- Ensure that children do not remain in care longer than necessary.
- Increase the likelihood that children will achieve improved safety, functioning and permanency outcomes.

The focus of foster care case review is to:

- i) Assess the status of the child in terms of safety.
- ii) Assess the status of child and family functioning.
- iii) Assess whether progress in the child's safety and functioning validate your permanency goal. (Do responses to 1 and 2 prove that you do not need to revise the child's goal?)
- iv) Determine if 1, 2 and 3 are in the best interests of the child.
- v) If not, determine what needs to change now.

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Adapted from *Individual Foster Care Case Review Guidelines*, National Association of Foster Care Reviewers, 1997.

Historical Overview of Foster Care Review

The concept of foster care review arose in the early 1970s as part of the permanency planning reform movement, when adoption activists saw the children's rights philosophy as an extension of the earlier civil rights activism. In that decade more than 500,000 children were in foster care. Many of these children remained in foster care for years, sometimes moving through a number of different foster homes. A growing recognition of the negative impact of separations and disruption of emotional stability for children in care led to the advent of permanency planning. A major contribution of the permanency planning movement was that placing children in permanent families became the goal or major obligation of the child welfare system.

Permanency planning is the systematic process of carrying out, within a limited time period, a set of goal-directed activities designed to help children live in families that offer continuity of relationships with nurturing parents or caretakers, and the opportunity to offer lifetime relationships (Maluccio & Fein, 1983, p.197). The concept of permanency planning encompassed several critical elements: the intent of permanency with commitment and continuity of relationships; a secure legal status for child and family; and a social status for children that is respected and nonstigmatizing.

Throughout the 1970s, many barriers to moving children from foster care limbo to adoption or returning them to biological parents were addressed. Demonstration projects addressed legal, attitudinal and practice barriers to permanency, and disseminated strategies for achieving permanency for children. The two major strategies were focused casework (involving methods of contracting with parents and providing necessary services) and systematic re-examination and monitoring of foster care cases at timely intervals.

All successful early permanency planning projects contained a review system as one of their elements (Jones, 1978). Child advocacy organizations promoted the concept of case review, whether by the judiciary, citizen advocacy groups or internal agency administrative review units. Child advocate volunteers became involved in review efforts through participation in citizen review boards or by being appointed as Court-appointed Special Advocates (CASAs) or non-attorneys guardian *ad litem* to provide individual advocacy for children within the courts.

In 1974, South Carolina became the first state to enact legislation establishing a statewide foster care review system, followed by New Jersey (1977), Arizona (1979), Delaware (1979) and Maryland (1979). These states utilized citizen panels to review foster care cases and saw a dramatic increase in the number of children finding permanence and a reduction of the number of children in the system. Within 18 months after the establishment of the South Carolina Citizen Review Boards, the number of children in care was reduced from 4,000 to about 3,300 (18 percent). Adoptions increased by 44 percent (Chapelle, 1975). States also saw a reduction in the cost of foster care maintenance after initial start-up expenses. Delaware had savings of more than \$1.5 million in a two-year period, enough

to cover the annual cost of foster care review (DFCRB, 1983). The use of administrative case review was also effective, with an initiative in Illinois that was found to reduce the foster care population (Poerter & Rapp, 1980).

In June of 1980, the U.S. Congress enacted milestone permanency planning legislation, Public Law 96-272, the Adoption Assistance and Child Welfare Act. This act changed the nature of foster care by requiring states to conduct semi-annual case reviews, place children in the least restrictive placement, provide written case plans, develop permanent plans to be in place within 18 months and specify that Reasonable efforts be made both to prevent placement and to make it possible for the child to return home.

P.L. 96-272 required states to implement a two-tiered review system:

Periodic (semi-annual) Reviews: To be held every six months while the child is in foster care and to be conducted by a court or administrative body, to consider the continuing need and appropriateness of the placement.

Dispositional Hearings or Permanency Hearing: To be held within 12 months of placement and periodically thereafter, to determine the future status of the child and for determining efforts necessary to provide the child with a permanent family.

The concept of foster care review had become law. How the review was to be implemented was a matter for the states to determine.

The law allows for either court or administrative (public welfare agency) review and, as a result, a number of review models have evolved. Some of these models include representatives from outside the system who may be other professionals or volunteer citizen reviewers. The use of citizens in the review process is to provide an independent perspective on cases, to enhance agency accountability, and to enhance community awareness of foster care.

As a result of permanency planning projects and the legislation of foster care review, the number of children in foster care declined from some 520,000 in the 1970s to a low of around 275,000 in the 1980s. During the 1980s, the concept of family preservation came to fruition. Family preservation services which operationalized the notion of Reasonable effort prevented the entry of many children into the system, and facilitated the process of family reunification if children had been placed in foster care. Foster care review scrutinized the quality and appropriateness of services to the child's original family to determine if they could provide permanency.

During the 1980s, foster care review took many forms, with a continuing strong emphasis on judicial/citizen review. External citizen review systems were established in Georgia, Kentucky, Iowa, Michigan, Nebraska, Oregon, Alaska, Florida, Kansas, Illinois and Washington. Internal or administrative review of foster care cases by the child planning

agency took on many forms in the states, ranging from specialized and autonomous review units to review panels which may or may not include citizen volunteers or individual qualified staff. This proliferation necessitated the development of the National Association of Foster Care Reviewers (NAFCR) in 1986 as an advocacy network and source of technical assistance for emerging programs.

The Social Security Act provides that the semi-annual review may be conducted either by a court or by an administrative body. In outlining the elements of the semi-annual review, Congress wished to permit some state discretion concerning the designation of the reviewing body. Aware of a variety of review mechanisms, Congress did not wish to require states to discard operational systems already in place. A number of state review models have evolved in the past 18 years. When states elect an alternative to a court review, they may choose among a variety of administrative review mechanisms involving citizens= review boards external to the agency, state hearing examiners, other special reviewers employed by the child welfare agency or agency personnel. Some states alternate between administrative and court reviews. Other states combine features of the various models.

The achievements of the permanency planning and family preservation initiatives of the 1980s were counterbalanced in the early 1990s by recognition of severe problems within the foster care system and the larger society. Families faced increasing fragmentation due to economic dislocations, structural unemployment, downsizing, homelessness and the advent of welfare reform. Due in large part to the corrosive effects of an Aepidemic@ of parental use of crack cocaine, alcohol and other drugs, the number of children in foster care has risen dramatically. Some of these parents are HIV positive and will be unable to parent their children due to health problems or early death. The steadily rising foster care population, now estimated to be in excess of 500,000, consists increasingly of children with multiple needs who require specialized care and coordination of a host of medical, educational, psychological and community services.

The focus of the foster care system and, consequently, foster care review, has turned increasingly in the 1990s to kinship care. This rediscovery of the kinship network is embedded in the belated recognition of the importance of the fabric of relationships and emotional connections within the diverse cultures of this country to child development. The most important precursor to the widespread use of kinship care was the Indian Child Welfare Act of 1978, which re-established principles of sovereignty and traditional extended family decision-making for native peoples. As children of color, particularly African American children, are greatly over-represented in the foster care system, additional emphasis has been placed on utilizing existing kinship practices and structures such as informal adoption to ensure family continuity and cultural appropriateness. This rising cultural awareness coincides with a sharp decline in non-related foster homes. Foster care review is increasingly finding the use of kinfolk and non-related foster parent adoption as permanency options.

National trends toward devolution of federal authority to the states, block grant funding and re-emergence of community ownership of social programs have created a contemporary climate of opportunity and challenge for foster care review. Both administrative and citizen review can be instrumental in monitoring the quality and progress of changing forms of service to the most vulnerable children and their families. In conjunction with a new national adoption initiative, foster care review can intensify the impetus for permanence for children in the system.

State History of Foster Care Review

The Foster Care Citizen Review Board in Utah

In 1989 child advocates in Utah began to hear about the success of the citizen review process in other states. By 1992 legislators, child welfare workers, administrators and child advocates were all aware that changes needed to be made in the way children and families were served in Utah. One of the changes identified early on was a need for outside input and review - Asunshine@ - in the establishment of policy, the development of procedures and the review of cases progress.

The 1993 Utah State Legislature passed a bill to establish a two year pilot of the Utah Foster Care Citizen Review Board. Four Boards were established in November 1993. The Boards were located in Ogden, Salt Lake City (2) and Price. From November 1993 to October 1995 these Boards were staffed by 35 citizen volunteers who gave of 4,000 hours of their time to the children of Utah. These four Boards reviewed a total of 354 cases involving 511 children. The dollar value of this volunteer service to the state was approximately \$60,000.

In 1995, the legislature re-authorized the pilot project until March 31, 1997, provided additional funds and required it to increase the number of Boards. Four additional Boards, located in Layton, Provo and Salt Lake City (2), were established in November 1995. The program was operating with eighty trained and committed volunteers. During the eight month period between November 95 and June 96 citizen Review Board volunteers donated almost 3300 hours reviewing 379 children in 259 cases. The dollar value of this volunteer service to the state was approximately \$49,500.

In spite of the fact that no additional funds were available from the Legislature for expansion of the Citizen Review Board until 1997, the FCCRB contacted the Western and Central Regions of the Division of Child and Family Services and offered to provide additional review services on a contract basis. A Letter of Agreement was prepared and signed between the Central and Western Regions of DCFS and the Foster Care Citizen Review Board. Two new Board were established in the Salt Lake City area, one additional Board was placed in Provo and two Boards were created in the Cedar City and St. George areas. An additional 40 volunteers were recruited and trained. This contract continued until March 1997.

A bill was introduced during the 1997 legislative session with the intent (1) to make the Foster Care Citizen Review Board an independent, permanent, state agency; and, (2) to extend the mandate of Citizen Review state-wide. The first goal was realized and the Foster Care Citizen Review Board became an independent, permanent, state agency on April 1, 1997. However, due to budget constraints citizen review was not mandated state-wide. The bill which passed required the FCCRB to conduct all of the necessary reviews in the First, Second, Third and Fourth Judicial Districts. It also required establishment of at least one Board in both the Fifth and Seventh Judicial Districts. By the end of the 1997 fiscal year on June 30, 1997 the Citizen Review Board had accomplished a portion of its new responsibilities by recruiting and training an additional 80 volunteers to staff the eight (8) new Boards created in the Salt Lake City area to fulfill the requirement to conduct all of the reviews in the Third Judicial District. These new Boards met for the first time in June of 1997.

During the 1998 legislative session House bill 4 was introduced by Representative Nora Stephens which sought to extend the services of the Foster Care Citizen Review Board statewide. This bill passed both the House and the Senate unanimously. The bill indicates that within appropriations from the legislature the FCCRB shall establish boards in each judicial district throughout the state. In August 1998 a Board Coordinator began to facilitate reviews in the Eastern Region of DCFS - Roosevelt, Vernal, Price, Moab, Monticello and Blanding. Also in July 1998 contacts were made with the Ute Tribe and the Navajo Nation to coordinate the review of Native American children in state's custody. The Southwest Region of DCFS also became fully served by the FCCRB in 1998. In the Spring of 1999, Citizen Review Boards were operational in all areas of the State.

Culture and Foster Care Review: An Overview and Position Statement*

I. Purpose

Foster care review is a quality improvement tool to monitor and improve the outcomes for children in foster care and to provide crucial data on children and families in care, identify service gaps and describe the impact of service strategies to the overall quality assurance system.

Foster care review provides independent analysis of information about an individual child's safety, permanency and functioning. This analysis leads to the development of findings and recommendations for all essential participants which contribute to achievement of improved outcomes for the child. Review also provides independent analysis of a system's performance, including emerging trends, strengths, barriers and the effectiveness of interventions.

The purpose of this paper is to serve as a resource and guide for all committees, subcontractors and participants in the development of EQUIP tools, products and policies, ensuring cultural responsiveness and sensitivity.

Cross-cultural misunderstandings, perceptions, biases, attitudes and institutional racism may play an integral role at every step in the child welfare process and in the review of foster care cases and are barriers to the achievement of positive outcomes for children in care.

II. Definitions

Bias: Preference or inclination that inhibits impartial judgment; prejudice.

Compassion: The deep feeling of sharing the suffering of another in the inclination to give aid or support, or to show mercy.

Cultural Responsiveness: A set of congruent system, agency and individual practice skills, attitudes, policies and structures that promotes positive interaction between individuals, families and communities and is effective in the context of cultural differences.

Culture: The integrated pattern of human behavior that includes thought, speech and actions; the customary beliefs, social forms and material traits of a racial, religious, social group or class as seen through an individual's perceptual lens.

Empathy: Understanding so intimate that the feelings, thoughts and motives of one are readily comprehended by another.

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Adapted from *Individual Foster Care Case Review Guidelines*, National Association of Foster Care Reviewers, 1997.

Ethnicity: The condition of belonging to a particular group within a cultural and social system that claims or is accorded special status on the basis of complex, often variable traits including religious, linguistic, ancestral or physical characteristics.

Listen: To apply oneself to hearing something; to pay attention and consider; give heed.

Prejudice: An adverse judgment or opinion formed beforehand or without knowledge or examination of the facts; irrational suspicion or hatred of a particular group, race or religion.

Race: A local geographic or global human population distinguished as a more or less distinct group by genetically transmitted physical characteristics; any group of people united or classified together on the basis of common history, nationality or geographic distribution.

Respect: To feel or show esteem or honor; willingness to show consideration or appreciation.

Responsiveness: The ability to effectively, readily react to suggestions, influences, appeals, efforts and needs.

Trust: Firm reliance on the integrity, ability or character of a person or thing; confident belief; faith.

The terms culture, race and ethnicity have different meanings, yet are often used interchangeably when discussing the need to make child welfare service delivery systems responsive to the needs of diverse children and families. The majority of the field's research has focused on the disparity in outcomes for children of different races; however, it is difference, whether based on skin color, religion, customs or language, that impacts the type, quality and outcomes of services offered to children in foster care and their families.

III. Overview of Literature on Race and Child Welfare Services

Demographics of United States by Race and by Age; by Children in Care by Race and by Age

A recent review of child welfare research suggests that children of color and their families are over-represented in the system, experience poorer outcomes and receive fewer services than their Caucasian counterparts. However, the relationship between race and the outcomes of child welfare services is confounded by the relationship between other factors related to poor child welfare outcomes (poverty, substance abuse, region). Even with these factors considered, the literature suggests a pattern of inequity, if not discrimination, based on race and ethnicity in the provision of child welfare services (Courtney, et al., 1996).

Outcomes in Out-of-home Care

- Prevalence rates for out-of-home placement per 1,000 children were highest for African American children (9.5), followed by Native Americans (8.8), Caucasians (3.1), Latinos (3), and Asian Americans (2). (Mech, 1992)
- African American children are less likely to exit out-of-home care, and have longer stays in out-of-home care than Caucasian children.
- Children of color experience higher re-entry rates than Caucasian children.
- Children of color experience more placement turnover in nonrelative care than Caucasian children; however, race and region interact with respect to placement stability.

Race plays a strong role in the relationship between caseworkers and clients, potentially impacting the outcomes for children in care:

- Studies indicate that clients are perceived to initiate more contact when the client and worker are of the same racial background.
- The research has demonstrated that there is a perceived greater degree of completion of treatment assignments when client and worker are of the same race.
- A caseworker is more likely to perceive the primary care giver and involved adults as more cooperative when client and caseworker are of the same race.

It is essential for child welfare agencies to recruit and hire workers who are of the same ethnicity, race and culture as client families; however, this is only the beginning of ensuring cultural responsiveness. Issues related to the worker's empathy, understanding, sensitivity, respectfulness, skill and commitment are also important to achieving culturally responsive outcomes.

IV. Philosophy

Culture is the cornerstone of identity and provides the family with a blueprint for living. Identity is integral in developing a positive self-image, self-concept and effective life skills. Family dynamics and structure are influenced by culture, which in turn, impacts parenting style and norms, and the next generation.

When children must enter foster care, they and their families are entitled to culturally sensitive, responsive, timely case reviews which address their comprehensive needs.

Cultural responsiveness is a developmental process toward which individuals, agencies and systems aspire. Each response or interaction with diverse cultures can be placed on

an infinite cultural continuum ranging from a low or nonexistent level of competence to a high level of confidence approaching proficiency. People, organizations and systems must continuously work toward achieving high levels of cultural responsiveness and sensitivity. No one ever achieves complete cultural proficiency; levels of cultural competency change with each new situation and interaction.

A highly responsive person, organization, or system is one in which practice is based on accurate perceptions of behaviors and policies are not based on the beliefs or attitudes of only one cultural group. To strive toward greater levels of cultural responsiveness, attitudes, policies and practices, as they relate to diverse cultures, must be congruent. To verify congruence, the individual, organization or system must be able to demonstrate that six elements are present. These six elements are:

1. Acknowledging and valuing diversity and uniqueness of differing cultures
2. Having the capacity for cultural self-assessment
3. Understanding and valuing the dynamics of difference: what happens when different cultures interact
4. Having a formal process for obtaining, updating and disseminating cultural knowledge
5. Having the capacity and flexibility to develop alternative strategies and methods to meet the needs of culturally diverse populations
6. Having the ability to understand another person's choices, actions and decisions in the context of his or her own culture

V. Principles of a Culturally Responsive Foster Care Review Process

The research suggests that race, culture and ethnicity are crucial determinants in the outcomes of children in foster care. By constructing services, policies and processes which are culturally responsive and sensitive, foster care review and review systems will be able to design strategies which will produce better outcomes for all children in care.

Foster care review must be designed to:

1. Respect the cultural integrity of and value the diversity and uniqueness of all children and families served, recognizing that children are part of a wider kinship network, and that culture is a cornerstone of identity and family functioning.
2. Reflect the diverse cultural presence of the children in care and their families. The review teams, foster care administration, caseworkers, training and curricula must be culturally responsive and sensitive and be multicultural in composition.

3. Set high standards of cultural responsiveness from the organizations and individuals whose work they review and for themselves.
4. Have the capacity for cultural self-assessment and strive to eliminate ethnocentric stereotypes and misunderstandings in reviewer thinking and decision-making.
5. Be flexible in approach, but adamant in goal achievement. Foster care review must develop adaptations to diversity in order to meet the needs of culturally diverse populations.
6. Identify and use cultural strengths throughout the review process.
7. Include kinship networks as partners in the review process.
8. Advocate for change in policy and/or for service/program development that meets the unique cultural needs of families.

Purpose of Foster Care Review*

- To verify federal and state laws applicable to foster care are upheld.
- To proactively influence the quality of services and outcomes for children and their families.
- To provide timely findings and recommendations to case participants and decision makers following each scheduled case review.
- To conduct an independent analysis of information about the child's safety, permanence and functioning in developing findings and recommendations.
- To assure all involved parties are informed and have the opportunity to participate in the reviews.
- To assure participants in the review have a clear understanding of the review's purpose and what is to be accomplished.
- To verify the race, ethnicity, language, religious beliefs or culture of the child and/or his/her parent and family network did not adversely influence decisions regarding the case review.
- To verify the beliefs, values and culture of all parties were respected.
- To verify/assure the satisfaction level of all involved parties improves through acceptance and response to all feedback by the FCCRB staff.
- To verify there is a realistic, measurable case plan which has a clear permanency planning goal which is being implemented.
- To verify there is improved timeliness of the attainment of the permanency planning goal (reunification, adoption, etc.)
- To assure that conflicts between critical participants in case activities are identified, clarified, and where feasible, actions to resolve them are identified.
- To verify and assure that essential information is documented and case data is utilized in a quality improvement system.

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Adapted from *Individual Foster Care Case Review Guidelines*, National Association of Foster Care Reviewers, 1997.

- To verify the child's safety as well as improvements in the child's physical, mental, developmental and educational status.
- To assure the rights of the participating parties are maintained.
- To assure continuity is achieved between judicial and citizen reviews.

Core Values of Foster Care Review*

Foster care review is predicated on a number of core values, which relate to society's responsibility to children and the unique developmental needs of children. Children in care are the responsibility of the community and the larger society, as well as the responsibility of the foster care system. By intervening in family life through the legal system, and removing children from the physical care of their parents, the state and ultimately the citizenry assume a moral responsibility for the well-being of the children. If some harm has caused children to be separated from their families, the state should do no further harm. Furthermore, the state should intervene in the lives of families and children only when necessary, and only for as long as is necessary.

The periodic re-examination of the progress of children in out-of-home placement and their families to ensure safety, well-being and work toward the goal of permanency, is known as foster care review. This review process upholds the moral responsibility of the state and citizenry to ensure a safe passage to healthy adulthood for our children and to respect the importance of family, kin and culture. Whether the review is conducted by citizens, the judiciary, an administrative unit of the child-placing agency or a combination thereof the autonomy of the review process holds accountable those who are charged with the care and planning for the children. Review can improve the lives of children and their families and improve the services of the child welfare system.

A strong value of foster care review is that children need permanence within a family, and that their significant emotional attachments should be maintained. Children develop through a series of nurturing interactions with their parents, siblings, kinfolk, culture and environment. A child's identity or sense of selfhood grows from these relationships. Children grow and are best protected in the context of a family. If parents or kin are not able to provide care and protection for children, then children should be placed temporarily in a family setting which will maintain the child's significant emotional bonds and promote the child's cultural ties. The goal of foster care is permanence within a family.

Because of the rapidly unfolding nature of development and the brevity of their young lives, children have a different sense of time than adults. To a young child, a few months of separation can seem like an eternity. Needs that occur at a certain critical point in a child's development during that separation cannot be postponed, and often cannot be adequately addressed at a later time. Thus, there is a strong sense of urgency with which permanency issues must be addressed. Timeliness is essential. Foster care review keeps the developmental needs of children for timeliness of planning in the foreground.

*

From Individual Foster Care Case Review Guidelines, National Association of Foster Care Reviewers, 1997.

Foster care review affirms the importance of the child's family and kin network to the child and to the planning process. Review offers the opportunity for the family to be heard through empowered participation. The process of review can be inclusive and should reflect the values of the worth and dignity of individuals and families; the belief that people can change when provided with the hope and supports, which meet their unique needs. The review process should acknowledge the strengths of families and show respect for the importance of their culture.

Foster care review must be integrated into other societal, organizational and community structures which address the needs of children and their families, and provide accountability for the ways in which services are delivered. Foster care review can be a form of quality assurance at many levels, providing information to help people change and help systems function more effectively.

Job Description*

The Role of the Reviewer

The advocacy role is an important part of any reviewer's job. Reviewers advocate for children and families at the case level. Beyond that, the reviewer will learn sufficient information to advocate for system reform when needed.

You have been selected as a reviewer because of your knowledge and interest in foster care and child welfare. Your role as a reviewer is not only defined by statute but is also very personal and intimate.

Each month, you will receive sensitive case material concerning children in substitute care. The law requires you to keep this information protected and confidential. When you are sworn in by the judge, you are swearing to keep confidential the information you learn about families and the sensitive case material you receive in the mail. Breaking this oath of confidentiality can bring serious consequences to the families involved, and you will be removed as a volunteer to the Utah Foster Care Citizen Review Boards.

After reviewing case materials, you will review cases in person and, with your fellow reviewers, make recommendations to the juvenile court and the agency that will help every child find a permanent home and/or become independent.

Because of the sensitive nature of issues that trouble families and your respect for the family as the foundation of your community, you must be nonjudgmental and objective in your attitude toward families and caseworkers. You will need to be fair and impartial in evaluating case plans and making sound recommendations.

As much as we all want to be actively involved and helpful, it is not the role of the reviewer to lecture, counsel or advise participants, or to disclose your own life experiences.

Your willingness to learn the structure of the substitute case system and your ability to deal effectively with professionals and family members, will enhance the quality of the work you perform. You serve an important role in the lives of children and families in your community.

Position Description

Reviewers are volunteers who serve in the area where they reside. They are responsible for reviewing the cases of children who are in out-of-home placement to ensure that the case plan is directed to securing permanency for each child and that appropriate services and treatment are offered.

* Adapted with permission from the *Oregon Citizen Review Board Manual* (January 1995).

Qualifications and Training Requirements

- A commitment to children and families focused on securing permanency for children.
- A commitment to at least one year of service, with regular attendance, punctuality and pre-service preparation a priority.
- Completion of reviewers= orientation training (currently 18 hours S required for new members).
- Eight hours of relevant additional training per year of service.
- One-half day of observation of a review prior to serving.
- Observation of a juvenile court proceeding is recommended.
- Commitment to taking an oath of confidentiality, and maintaining this oath.
- Maintaining a respectful, nonjudgmental demeanor in reviews and in all dealings with those involved in cases; presenting self and representing reviewers in a professional manner.

Position Responsibilities

- Regular attendance at your reviews. This is critical to the success of the program. Each reviewer is important and needed for a complete and thorough review. If you need to be absent, prior notification must be given to your Board Coordinator.
- Thorough preparation for reviews. Approximately 7 days prior to the review date, a package of information will be sent on each child to be reviewed. Each board member must spend advance time preparing the AFCCRB Case Worksheet@summary on each child in order to be thoroughly prepared for the review. Advance time in preparation may range from 20 to 60 minutes per case, depending on the complexity of the case and the range of materials included. Each Review Board may review between one and six cases per day.
- Active participation in the review. Each reviewer is expected to prepare thoroughly for each case and contribute to questioning and formulating findings and recommendations.
- , Active participation as a Waiting Area Coordinator to assist with observations, welcoming participants and facilitating the completion of the Comment Form.

Specific Responsibilities of a Reviewer

- Reads case information and prepares thoroughly for each review prior to the review day, completing a AFCCRB Case Worksheet® summary on each case.
- Participates in the questioning of participants at the review.
- Makes findings based on the information gathered in the review and the materials provided.
- Makes recommendations about each case based on the findings of the reviewing group.
- Considers the agency/court responses to recommendations.
- Is punctual on reviewer meeting days.

Additional Opportunities for Reviewers

- Service as a Regional representative on the statewide Steering Committee. This group meets quarterly to govern the Utah Foster Care Citizen Review Board, including the establishment of policy.
- Service as a Review Board Chairperson or Vice Chairperson.
- Advocate on behalf of children, families and communities by assisting staff on legislative, public relations and other ad hoc and ongoing committees. This may include writing letters to legislators, attending legislative sessions, testifying before commissions and committees, and planning public relations activities and assisting in their implementation.
- Contribute time and expertise as a volunteer trainer to assist staff in training new reviewers in the region.

New Reviewers

Prior to participating in a review, reviewers are required to complete the 18-hour orientation training and observe a review meeting for two to four hours.

New Reviewers also participate in a three month trial appointment to assure the volunteer desires to make a year long commitment to the FCCRB and staff assure volunteers are an active and appropriate participant of the FCCRB.

Experienced Reviewers

Experienced reviewers are required to complete eight hours of additional training each year of service.

Related trainings offered in the community or through other social service agencies may be approved by the FCCRB Board Coordinator to meet the mandatory training requirement, provided they relate to improving your ability as a reviewer. Training tapes and reading material may also be used for professional development.

Reviewers will be asked annually to complete a tracking form to report their fulfillment of the annual training requirement. This should be submitted to the FCCRB Board Coordinator by January 31 of each year.

Title VI of the Civil Rights Act of 1964

A federal law which states no person shall, on the ground of race, color or national origin, be excluded from participation in, denied benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance from the Department of Health, Education and Welfare.

Implications for foster care review:

- Reviewers will be culturally responsive.
- Reviews will be conducted in primary language of family.
- Reviewers will hold agency accountable for providing services that are culturally responsive and language appropriate.

The Indian Child Welfare Act (ICWA)

Purpose

The purpose of the Indian Child Welfare Act, enacted by Congress in 1978, is to help promote the stability and security of American Indian tribes and families (25 U.S.C. ' 1902). It also provides the requirement that tribes are provided timely notification their children have been taken into state custody.

Congress recognized that a large number of American Indian families had been torn apart by the often unwarranted removal of the children by nontribal public and private agencies. (25 U.S.C. ' 1901(4)). These children were placed in foster or adoptive homes that were non-Indian, affecting the children's cultural upbringing (25 U.S.C. ' 1901(4)). The Indian Child Welfare Act establishes minimum federal standards for the removal of American Indian children and the placement of these children in foster or adoptive homes. It also provides funds to tribes for the operation of child and family services programs (25 U.S.C. ' 1902).

Jurisdiction

- (1) Unless jurisdiction is otherwise vested in a state by federal law, the act gives the tribe exclusive jurisdiction over any American Indian child who resides or is domiciled within the reservation (25 U.S.C. ' 1911(a)).
- (2) If the child is a ward of the tribal court, that court has exclusive jurisdiction over the child regardless of the residence or domicile (25 U.S.C. ' 1911(a)).
- (3) In the absence of good cause to the contrary or the objection of either parent, a state court must transfer any foster care or termination of parental rights proceeding concerning an Indian child not domiciled or residing within the reservation of the Indian child's tribe to the jurisdiction of the tribe (25 U.S.C. ' 1911(b)).
- (4) The child's tribe and custodian may intervene at any point in a state court proceeding when that proceeding addresses either foster care placement or termination of parental rights (25 U.S.C. ' 1911(c)).
- (5) All judicial proceedings, public acts and records of an American Indian tribe which are applicable to American Indian child custody proceedings must be given full faith and credit (25 U.S.C. ' 1911(d)).

Definitions

Indian - Any person who is a member of an Indian tribe, or who is an Alaska native and a member of a regional corporation as defined in 1606 of title 43 (25 U.S.C. ' 1903(3)).

Indian Child - Any unmarried person who is under age 18 and is either: (a) a member of an Indian tribe or (b) eligible for membership in an Indian tribe and the biological child of a member of an Indian tribe (25 U.S.C. ' 1903(4)).

Custody Proceedings Covered by the Act

The act applies to:

- (1) **Involuntary foster care placement** (voluntary placement is covered separately). In order to remove an American Indian child from the home, there needs to be a clear and convincing evidence that the continued custody of the child by the parents or Indian custodian is likely to result in serious emotional or physical damage to the child (25 U.S.C. ' 1912(e)). The act applies not only to the initial foster care placement, but also to all subsequent placements unless the child is being returned either to the parents or the Indian custodian from which the child originally was taken (28 U.S.C. ' 1961(b)).
- (2) **Termination of parental rights.** In order to terminate parental rights there must be a showing that the continued custody of the child by the parent or Indian custodian is likely to result in serious emotional or physical damage to the child. This finding must be supported by evidence beyond a reasonable doubt (25 U.S.C. ' 1912(f)).
- (3) **Pre-adoptive and adoptive placements.** Pre-adoptive placement is the temporary placement of an Indian child in a foster home or institution after the termination of parental rights, but prior to or in lieu of adoptive placement (25 U.S.C. ' 1903(iii)). The purpose of a pre-adoption proceeding is to insure that all placements are subject to the protections afforded by the act, and that the act's adoptive placement preferences cannot be avoided by labeling an Indian child as not-adoptable (Bureau of Indian Affairs Report 1984 (67)). Adoptive placement is the permanent placement of an American Indian child which includes any action resulting in a final decree of adoption (25 U.S.C. ' 1903(iv)).

Criteria for Placements

The Indian Child Welfare Act describes the criteria that must be met when placing a child in foster care or pre-adoptive care initially and when reviewing the child's placement. The child must be placed in a setting that will meet any special needs that child may have and

will also be the least restrictive setting which most approximates a family. The foster or pre-adoptive home must be within a reasonable proximity to the child's natural home.

A preference shall be given, in the absence of good cause to the contrary, to a placement with (i) a member of the Indian child's extended family, (ii) a foster home licensed, approved, or specified by the Indian child's tribe, (iii) an Indian foster home licensed or approved by an authorized non-Indian licensing authority or (iv) an institution for children approved by an Indian tribe or operated by an Indian organization which has a program suitable to meet the Indian child's needs (25 U.S.C. ' 1915(b)).

When placing an American Indian child in an adoptive placement, A preference shall be given, in the absence of good cause to the contrary, to a placement with (1) a member of the child's extended family, (2) other members of the Indian child's tribe or (3) other Indian families (25 U.S.C. ' 1915(a)).

Summary of PL 96-272

Public Law 96-272, the Adoption Assistance and Child Welfare Act, was enacted by Congress in 1980. The law is a set of provisions aimed at redirecting federal fiscal incentives away from out-of-home placement and into preventive services to keep troubled families together. Where removal is necessary, P.L. 96-272 promotes family reunification or adoption, as appropriate. The law also provides for federal reimbursement of adoption subsidies for children with special needs.

P.L. 96-272 conditions state eligibility for increasing levels of federal funds on the development and implementation of services and procedural safeguards to promote quality care and permanence for children. The requirements and funding of P.L. 96-272 are divided into two program categories: Title IV-B Child Welfare Services and Title IV-E Foster Care and Adoption Assistance.

The Title IV-B provisions require:

- An inventory of all children who have been in care for six months or more, including a determination of the appropriateness of and necessity for the current placement and the services needed to facilitate return home or other permanent placement.
- A state-wide information system that provides data on demographic characteristics, legal custody status, placement characteristics and placement goals.
- A service plan for each child in foster care, describing the appropriate placement and services for the child, how the agency will provide them, and assurance that the child will be serviced in the least restrictive (most family-like) setting possible and as close as possible to the parents' home.
- A court or administrative case review to evaluate progress on the case plan at least every six months, as well as periodic Dispositional hearings in court to evaluate the appropriateness of the placement.
- Procedural safeguards to protect the interests of the child and parent when agency decisions are made to move the child or to change parental visitation arrangements.
- A reunification program designed to facilitate the return of children to their families.
- A program to promote the adoptive placement of children who cannot return to their families.

The Title IV-E provisions require:

- An adoption assistance payment program for children with Aspecial needs@ which meets certain specific criteria.
- Eligibility for Medicaid and Title XX for all children who are also eligible for foster care or adoption assistance payments.
- Statewide standards for foster family homes and institutions.

Public Law 96-272 supports three important goals:

- Foster care is intended to ensure that children=s needs for nurture and protection are met in the foster care system.
- The foster care program seeks to ensure that the parent-child attachment is strengthened and preserved to meet the child=s needs for nurture and protection.
- The foster care program seeks to strengthen and preserve the child=s ability to form attached relationships which meet the child=s needs for nurture and protection.

The Interstate Compact on the Placement of Children (ICPC)

Purpose

The Interstate Compact on the Placement of Children (ICPC) is the only tool states have to ensure that children placed across state lines are protected. The variety of circumstances which make interstate placement of children necessary offers compelling reasons for an interstate compact which regulates these placements. All 50 states as well as the District of Columbia enacted the ICPC by 1986.

Application

The ICPC applies to three situations: placements preliminary to a possible adoption; placements into foster care, including placements into parent or relative homes, foster homes and residential treatment facilities; and placements of adjudicated delinquents in institutions in other states.

The compact defines the persons and agencies, who, when they place a child from one party state into another party state, must observe the compact. These persons and agencies are called *sending agencies* and they include: a party state, or any other officer or employee of a party state; a subdivision of a party state, or any officer or employee of the subdivision; a court of a party state; any person, corporation, association, or charitable agency of a party state.

The compact specifically excludes from coverage the placement of a child made by a parent, stepparent, grandparent, adult brother or sister, adult uncle or aunt, or guardian, when the placement is made with a like-named relative. The ICPC also excludes placements made into predominately educational or medical facilities.

There are a number of safeguards in the compact to protect both the children and the sending and receiving states. The ICPC:

- Provides an opportunity to obtain home studies and an evaluation of each interstate place before it is made.
- Allows the prospective receiving state to ensure that all its applicable child placement laws and policies are followed before it approves an interstate placement.
- Gives the prospective receiving state the opportunity to consent to or deny a placement before it is made.

- Provides an opportunity to obtain supervision and regular reports on each interstate placement.
- Guarantees the child legal and financial protection by fixing these responsibilities with the sending agency or individual.
- Ensures that the sending agency or individual does not lose legal jurisdiction over the child once the child is moved to the receiving state.

The compact is administered by an office lodged in each state's department of social services. Each state has appointed a compact administrator and one or more deputy administrators who oversee or perform the day-to-day tasks of the compact.

The Individuals with Disabilities Education Act of 1975 and Amendment of 1997 (IDEA)

The Individuals with Disabilities Education Act (IDEA) (20 U.S.C.A. ' ' 1232, 1401, 1405-20 and 1453) requires states which want to receive funds under the act to have policies which ensure that all children with disabilities have access to free, appropriate education. (20 U.S.C.A. ' 1412(1)and(2) and ' 1413)

States must also have procedures for identifying, locating and evaluating all children with disabilities who reside within their jurisdiction. (20 U.S.C.A. ' 1400(b)(5)and ' 1412(2)(C)) These requirements are the result of Congressional findings that many children with disabilities were not receiving an appropriate education because their disabilities had been unidentified or misclassified. Testing and evaluations for special education placement must be free of racial and cultural discrimination. (20 U.S.C.A. ' 1412(5)(C))

The plan for the education of each child with a disability must fit that child's individual needs. These plans, called individualized education programs (IEPs), are developed at a meeting of the parents, the teacher and a representative of the education agency. (20 U.S.C.A. ' 1401(a)(18)and(20); ' 1414(a)(5))

IEPs are reviewed annually to evaluate their effectiveness in meeting the child's educational needs. Parties have the right to have the decision of a local hearing office reviewed by the state educational agency and may appeal the final decision to a state or federal court. (20 U.S.C.A. ' 1401(20)(E), 1413(a)(11))

IDEA provides parents with the opportunity to challenge evaluation, programming and placement decisions, and such procedural safeguards as the right to written notice, due process hearings and the right to representation. (20 U.S.C.A. ' 1415) States must also establish a surrogate parent procedures to ensure that dependent children and children whose parents are unknown or unavailable are represented. (20 U.S.C.A. ' 1415(b)(1)(B))

The Multiethnic Placement Act of 1994 and Amendment of 1996 (MEPA)

The Howard Metzenbaum Multiethnic Placement Act of 1994 (MEPA), 42 U.S.C.A.

' 5115a, prohibits denial or delay of placement for foster care or adoption by any agency that receives federal funds because of the child=s or foster/adoptive parent=s race, color or national origin. The law was intended to:

- , Decrease the time children wait to be adopted.
- , Prevent discrimination in the placement of children on the basis of race, color or national origin.
- , Prevent discrimination on the basis of race, color or national origin when selecting foster and adoptive placements.
- , Facilitate the development of a diverse pool of foster and adoptive families.

In August of 1996 Congress amended MEPA in order to strengthen its nondiscriminatory provisions and to provide stiff penalties for violation of the act. The antidiscrimination provisions of MEPA now state that any public or private agency or entity that receives federal assistance cannot:

- , *Deny to any person the opportunity to become an adoptive or foster parent* on the basis of the race, color or national origin of the adoptive or foster parent or the race, color or national origin of the child involved in the foster or adoptive placement; and
- , *Delay or deny the placement of a child for adoption or into foster care* on the basis of the race, color or national origin of the adoptive or foster parent or the race, color, or national origin of the child involved in the foster care or adoptive placement.

MEPA was enacted to encourage transracial placements of children when appropriate same-race placements are not available. The act specifically permits the consideration of a child=s cultural, ethnic or racial background and the ability of a potential foster parent to meet the child=s related needs as one of many factors to consider in determining the best interests of a child. The Department of Health and Human Services published a Policy Guidance in the Federal Register on April 25, 1995, to be used as guidelines for compliance by agencies. An updated Policy Guidance related to the amendment was made available in June 1997.

Non-compliance with this act is a violation of Title VI of the Civil Rights Act of 1964, 42 U.S.C.A. ' 2000d *et seq.* Any person who believes that she or he has been a victim of a violation of the act has a right to bring an action for relief in the appropriate U.S. District Court. Any entity found in violation of the law will lose considerable federal matching funds.

MEPA does not affect the Indian Child Welfare Act of 1978, 25 U.S.C. 1901 *et seq.* (42 U.S.C.A. ' 5115a(f))

The Adoption and Safe Families Act November 17, 1997 PL 105-89

Prior to adjournment for the year, the Congress of the United States passed the Adoption and Safe Families Act (ASFA) and it was signed into law by the President as Public Law 105-89 on November 19, 1997. Congress began its discussion about child welfare and adoption reform in the Spring of 1997 in response to growing numbers of children in the child welfare system, the length of time spent by children in foster care and the large numbers of children who waited in vain for an adoption opportunity.

ASFA continues most of the structural components of The Adoption Assistance and Child Welfare Act of 1980 (PL 96-272) while shortening timetables and providing new definitions. PL 96-272 emphasized family reunification, required regular and systematic judicial oversight of children in foster care, provided financial incentives for states to comply with the law and required that in order to receive federal money, reasonable efforts to prevent removal and to achieve reunification be made. ASFA did not displace the aspirations and goals of PL 96-272 but it did refocus our attention on the child welfare system by causing states to balance family preservation and reunification with the health and safety of children, which the act declares of paramount importance.

The new law reflects a clear shift from and emphasis on protracted reunification efforts to permanency at the earliest possible time. This change in emphasis does not pit reunification against permanency, but is a shift from process and procedure to outcomes. In addition to fiscal incentives, the act contains mandates and requires that states come into conformity with its provisions on a carefully arranged timetable.

Key provisions of the law:

- , Continues the requirement that reasonable efforts be made to prevent or eliminate the need for removing children from their homes or to make it possible for them to return home safely, but does not require reasonable efforts to be made in cases where there are aggravated circumstances. The act lists a number of aggravated circumstances and allows the state to exercise discretion in protecting the health and safety of children in cases other than those described in the act.
- , Changes the term Dispositional hearing to permanency planning hearing and requires that it be held at 12 months after a child enters foster care, rather than 18 months as in PL 96-272. A child is considered to have entered foster care to the earlier of the date of the first judicial finding of deprivation (i.e. adjudication) or to the date 60 days after the date on which the child is removed from the home.

- , States must initiate or join in termination proceedings for all children who have been in foster care for 15 out of the most recent 22 months but provides for circumstances in which it is not necessary to file such proceedings.
- , Re-authorized and expands the Family Preservation and Support Services program, renaming it *Promoting Safe and Stable Families*. Family reunification services are time limited to the 15- month period beginning on the date the child enters foster care.
- , Provides for adoption incentive payments to states that increase the number of adoptions of children in foster care as compared with a base year.
- , Requires that states provide health insurance coverage for all special needs children in subsidized adoptions, regardless of whether they are 4E adoptions.
- , States must have procedures for criminal records checks for prospective foster or adoptive parents before a child eligible for federal subsidies is placed with such prospective parents. States can avoid this requirement through passage of specific legislation or through written notification to the Governor to the Secretary of HHS.
- , States must develop plans for use of cross-jurisdictional adoption resources and may not deny or delay placement of a child for adoption when an approved family is available outside the jurisdiction responsible for handling the child's case.
- , States must develop standards to ensure that children in foster care are provided quality services.
- , References to the safety of a child must be included in planning a case review for children in foster care.
- , Foster parents, pre-adoptive parents, or relatives caring for children in foster care must be notified of and have the opportunity to be heard in any review process.
- , There are new requirements for data reporting and there will be *State Report Cards*.

Legal Foundations Worksheet

Use the Legal Pretraining Handouts 12-18 to complete this Worksheet.

Law name/ Add Acronym	Year Enacted	Federal or State	Important Highlights for Reviewers (note at least three)
Title VI of the Civil Rights Act (Pretraining Handout 12)			
Indian Child Welfare Act (Pretraining Handout 13)			
PL 96-272 (Pretraining Handout 14)			

Interstate Compact on the Placement of Children (Pretraining Handout 15)			
Individuals with Disabilities Education Act (Pretraining Handout 16)			
Multiethnic Placement Act (Pretraining Handout 17)			
Adoption and Safe Families Act (Pretraining Handout 18)			

What I Want From This Group (Ground Rules)

In order for me to feel comfortable in this group and to learn the skills I need to learn in order to be an effective foster care reviewer, I want the following from the trainer(s) and from the other group members:

What I expect from the trainer:

What I expect from my fellow trainees:

Ground rules I would like the group to follow:

Bonding and Attachment*

Children cannot grow up normally unless they have a continuing stable relationship, an attachment to at least one nurturing adult. According to Dr. Vera Fahlberg, in normal development most infants bond with the mother or caretaker through the feeding experience. It is beginning to be recognized that bonding and attachment occur through a stress/stress-reduction type of cycle.

In feeding, the baby gets stressed because he is hungry. After being fed he feels the reduction of that stress, the feeling of relaxation. The feeling of being safe and cared for comes from being with this one particular person who looks, smells and sounds the same every time he is fed. He begins to feel that the world is safe. He feels, *If I'm in any kind of trouble this particular person will help me out!* We sometimes see babies who become shy of strangers and cling to mothers (or fathers if they are bonded on fathers). If there is a loud noise in a room of toddlers they all end up around their appropriate mother's knees. This is the attachment cycle that is absolutely necessary for children to learn and to be emotionally and behaviorally intact.

Removing children and putting them in foster care is extremely damaging to children because it disrupts the basic developmental process of attachment to a particular adult. Sometimes removal is necessary. But we have to be very clear about what is being done when children are removed and put somewhere else. One thing that happens is interruption of the basic developmental process, and it's life threatening at times.

Many children put in institutions in the past and cared for by different people around the clock died by the time they were 1 year old. The foster care movement came out of that experience. If babies were cared for by foster families, they didn't seem to die as readily. It became obvious that having one consistent person care for an infant was important. Over the past 50 years and particularly within the last 10, we have become aware that this bonding and attachment of a child to a caring adult is an important one. What happens when we break this attachment? What happens when we remove a child either through death or through foster care from the parent or the adult they are bonded to? We tend to get some very specific effects.

The very young child whose parent dies goes into a grief process. People who do bereavement counseling are beginning to recognize children's grief as lasting from six to eight years. The younger the child, the more intense and long-lasting is the grief.

Adults typically take one to two years to go through the grief cycle, but young children can take half their childhood. Removing a child from a parent or foster parent to whom he is attached has an effect similar to a loss by death; it initiates a grief process.

* From Linda Bayless, et. al. *Model Approach to Partnerships in Parenting: Group Preparation and Selection of Foster and/or Adoptive Families Leaders Guide* (Atlanta, Georgia: Child Welfare Institute, revised 1991). Original material from Ann Coyne. *Bonding and Attachment*, *Adoptalk*, July/August 1983. All rights reserved. May not be reproduced or adapted for any use other than the EQUIP foundation training without permission from the Child Welfare Institute.

What happens, then, to children coming into foster care or into adoption? First of all, there are apt to be short-term memory deficits. These children typically are not processing information well. You tell them something; they don't remember a thing. You think, 'Why is he doing this to me?' 'Why is this child seemingly so compliant and yet not doing anything he's asked?' You say to him, 'You told me 15 minutes ago you were going to do this and you haven't done it!' He says, 'You never told me!' He really doesn't remember. He literally forgets, because his short-term memory isn't processing well. When short-term memory isn't processing well, long-term memory is also affected, which means he doesn't learn to read well. Many foster children are learning disabled. It is probably not because they were born learning disabled or that they have received brain damage. It is more likely that the process of grief is disrupting short-term memory. Developmental delay is common in foster children. The grief process has disrupted their ability to develop and learn.

A second issue is children's sense of who they are. We all need to know where we started and how we developed in order to have a story about ourselves. We know we were born in a certain place; we grew up in a certain place; these were our parents; there were our brothers and sisters; that was the school we went to; these were the teams we played on; these were our friends. Foster children tend to not remember clearly. Foster children don't know which of these four or five families they lived with was their birth family. A lot remember the family they were living with at about age 4. That could have been their third foster family, but they sometimes think it is their birth family. Maybe they only stayed there a month, but they suddenly get it into their head, 'That person is my mother.' Yet they have other memories that don't quite fit. They remember three or four different dogs and all those siblings; they're not sure which are theirs and which are someone else's. And the big question: why were they there?

Suddenly, instead of a consistent story about who they are, they have a history with confusion in it. They don't know where they came from. It is not unusual for foster children to think they came full grown, that they did not grow inside a mother, and that they were not born. Some foster children under 8 or 9 will tell you they were never born, that they just came, that they somehow appeared in a foster home at about age 3.

These children have an exceedingly difficult time reattaching to a family when they are adopted, because they cannot attach and go through a process of separation from what has happened to them in the past. They can't do it because they don't understand what's happened. It's very important to reduce the number of different families these children experience. It is also important that we communicate to them very clearly about everything that has happened to them.

Workers are beginning to do this by using Life Books with pictures and drawings. In what order did his families happen? His life should be documented so that the child, even if it's not a story he likes, at least has a story about who he is. He can then begin to detach from all that hurt and all that grief, and begin to make a more positive attachment to his adoptive family. Otherwise he may never be able to reattach.

The third issue I want to look at is behavior. The behavior of foster and adoptive children many times indicates a grief process. Some of the first behaviors you see are denial and bargaining. Often there is a honeymoon period where children coming into care will be very good for a few weeks. That's a combination of denial and bargaining. *Alf I'm really good they will let me go home, Alf I'm really good my mother will love me.* Most times the children feel they did something wrong: *Alf I had not thought those bad things about my parents, then the sheriff wouldn't have picked me up.*

There are a lot of common behaviors in denial. One is very rhythmic behavior. Children may skip rope continuously, or bounce a basketball or kick the wall or sit with toys making noise. This kind of rhythmic behavior is not usually recognized by adults as a grief response. If the child keeps running, if he keeps banging the wall, he won't have to deal with the hurt.

The anger of these children is often very serious and there is a great deal of acting out of their behavior problems. What wouldn't normally bother a child will bother these children. They are angry about disconnections, angry about the detachments. They go through the stages of grief. In the depression stage you have children who are not sad or crying, but with very little energy. These kinds of behaviors, typical of foster and adoptive children, are really indications to us that they are grieving. We need to treat them as people in grief, to do grief work with them.

The whole philosophy of permanency planning is to have a system in which we try to protect children's primary attachments. We need to protect children's attachments to their birth parents. We need to move services into the home to protect children at risk of being abused by those they live with. In those situations where it's not possible, we need to have a system that creates new attachments for children to have adopted parents. Every child must have an attachment to one or several adults that is consistent, that is expected to be permanent, that is to someone he can count on.

Adults don't have to be attached to children. Adults don't have to be attached to one another. We like to be attached to our husbands and wives, but we are not going to die without it. We may go through grief but we aren't going to go through all kinds of developmental problems. Children must be attached. They simply must. They cannot develop normally without being attached to one adult over a period of time because their whole sense of safety, their whole sense of the world, their whole sense of learning, depends on it.

Note: See Foster Care Reviewer's Glossary for definitions of Attachment and Bonding.

Importance of Teamwork With Birth Families*

One of the most difficult decisions that caseworkers in child welfare have to make is the decision to remove children from their own homes. Removal of children from their homes is a drastic response to a dangerous situation. Children who enter foster care are at great risk of losing their families permanently. The decision to reunify does not come easily. Almost half of the children who come to the attention of protective services are identified because of sexual abuse, abandonment or serious physical injury.¹ With the other half, the situation is more ambiguous. These cases involve children who are neglected but not in life-threatening situations. Their parents are often substance abusers, depressed, very young, mentally ill or all of the above.² The decision to return children to families in which these conditions have occurred is difficult.

Yet, our practice has come to rest on the belief that we must preserve children's rights to their parents and parents' rights to their children and that change for people is possible. When children can be safe from harm in their own homes it is time to return them home. If there are not good case plans and an effective structure for decision making, the decisions about reunification are much more difficult and less likely to be made. There are no magic formulas or rules that guide caseworkers' decision making. Developing and maintaining an active partnership with the birth families will be successful assessments, plans and interventions. Active and aggressive case planning, timely decision making, successful interventions and treatment will help to reunify many children in care with their birth families.

Planning for Visits

Numerous studies have shown that the number one predictor of whether a child will return home is contact between the child and parents. Visits are important for meeting the needs of both the child and birth parents. Children who have regular contact with their families make a better adjustment to care.³ It has been documented that children in care who were most likely to be adopted by their foster parents were those children whose birth parents had visited them most regularly.⁴ Whatever we are trying to do for children in temporary foster care is enhanced by encouraging regular visits by birth parents.

* From Linda Bayless et al. *Achieving Permanence Through Teamwork* (Atlanta, Georgia: Child Welfare Institute, 1991). All rights reserved. May not be reproduced or adapted for any use other than the EQUIP foundation training without permission from the Child Welfare Institute.

The child, birth family, the staff and care givers all benefit from regularly scheduled visits.

Benefits for the Child

- The opportunity to see and be with family members. Most children miss their parents regardless of circumstances that brought them into care. Parents are children's primary love objects. Most children feel that part of themselves is missing when they do not have contact with their parents. Anxiety and fears that the loss will be permanent are reduced when visits take place.
- Continuing contact with the birth family helps children to understand the reasons for placement. Visits with parents help children understand the parents' needs and strengths realistically and help dispel irrational feelings and beliefs about returning home.
- Visits may help calm irrational separation fears such as, "My parents are dead," or "They are looking for me but can't find me."
- Visits may relieve some of the child's feelings of self-blame.
- Visits can help children see all the adults who are currently significant in their lives (birth parents, foster parents and caseworker) working together.
- Visits provide children with the opportunity to express in words and behaviors what they are feeling about the separation from their parents.

Benefits for the Parents

- The opportunity to be with and maintain a role in parenting their children.
- The opportunity to maintain and promote attachments with their children.
- The opportunity to develop and maintain a partnership with the caseworker and foster parents.
- Visits can be used to help the parents improve their parenting skills and their interactions with their child.
- Visits help maintain and promote shared experiences that will be necessary if the child is to be returned home successfully.
- Visits provide parents the opportunity to demonstrate to the child and the caseworker that they have made the changes necessary to protect their child from harm and meet the child's developmental needs.

Benefits for the Foster Caregivers

- Visits help to bring about a therapeutic alliance among the foster parents, caseworker, birth family and child.
- Visits help the foster parents understand the child's roots and the significance of the child's birth parents to the child.
- Children who are visited may be better able to express feelings about their separation and allow the foster parents to help them work through their grief.
- Foster parents who participate in the visiting process may be viewed by the child as wanting to help meet the child's needs.
- Foster parents will be able to observe the birth parents' efforts and progress toward reunification goals.

Benefits for the Caseworker

- The opportunity to view the children and parents together and assess progress toward reunification.
- Visits are a tangible way of meeting the child's and parents' needs and help form a therapeutic alliance among the parties involved.
- Visits are a way to help the parents and children resolve issues related to grieving.
- Visits provide an opportunity to teach parents ways to better meet their children's needs.
- Visits are an essential way to gather enough information so the decision to reunify or move to another permanent plan can be made.

Making Visits Successful

There are many factors that can be barriers to successful visits. Transportation, schedules, motivation of foster and birth parents and the environment for the visits can all affect the outcomes of visits. Regardless of the barriers, the benefits are tremendous and both the parents and children have rights to visits. The caseworker has the responsibility to see that the first visit is set up and to establish a schedule for visits that becomes part of the case plan.

Parents should have the opportunity in visits to act as parents and not just visitors. Visits should be meaningful for both the child and parents. Depending on the circumstances, the child's age and the parents' ability, visits can encompass activities such as medical

appointments, feeding or bathing the children, shopping activities, school trips, helping to develop a Life Book, playing games or enjoying another recreational activity. The setting used should be one that promotes contact and interaction between parents and children. Limits should be placed on choices for visits if there is a perceived risk to the child=s safety and a need for close supervision.

Things that are planned well are more likely to be successful. Some planning considerations for visits include:

- time schedules of child, birth family, foster family and caseworker
- dates, places, times and locations of visits
- process for canceling a visit: whom to notify and how much advance notification
- contact information for birth parents, child, foster parents and caseworker
- list of participants included in visit
- preparation of the child and the foster family=s own children for the visit and the reactions to visits
- expected duration of visits
- determination of whom will provide transportation
- special request of birth parents, child or foster regarding the visit
- determination of responsibility of birth parents, foster parents and child during the visit

Good planning may reduce but not eliminate problems. Some potential problems that staff and foster parents may have to address around visits include:

- what to do if the parents don=t attend a visit
- what to do if the parents arrive intoxicated or under the influence of drugs
- what to do if parents are accompanied by other people during the visits
- what to do if the parents return the child late from a visit

Clear expectations and written agreements will help caseworkers and the foster care givers handle these situations.

Sometimes, foster parents are reluctant to have the child visit because they see changes in the child's behavior as a result of visits. Foster parents need to be helped to understand that visits may elicit behaviors related to grieving. Preparation and training will prepare foster parents with the visiting process. Staff must reinforce what they have learned and help foster parents use visits as a therapeutic opportunity.

Children who are not placed with their siblings should have a regular opportunity to visit them. Grandparents and other significant members of the child's family should be included in the visits when it is beneficial for the child.

Forging the Foster Parent/Birth Parent Alliance

Foster care can be a program of families helping families. Visits are one of the first opportunities to develop the alliance between birth parents and foster parents. Both sets of parents should have a strong common bond, the best interest of the child they parent. When foster parents support birth parents in their efforts for reunification, the goal is more likely to be achieved. The children are less likely to feel divided loyalties and fearful about their future if they can see the important adults in their lives working together. The staff and foster parent will have an important role in creating the partnership with birth parents. Important characteristics of the partnership will include:

- a common goal
- mutual respect
- the ability to negotiate and adjust roles
- clear expectations
- open communications

The staff will have a significant role in creating the partnership. Staff will be there to introduce birth parents and foster parents. They will help set up mutual expectations for working together and ways to accomplish shared parenting in order to reduce the trauma for the child and accomplish the goals of reunification.

The establishment of common goals around the child's needs is very important. Birth parents may resent the foster parents because they have the opportunity to do what they cannot do for their own child. In addition to feeling replaced by the foster parents, birth parents may feel that the foster parents are better able to provide for the child and be resentful and angry that they do not have the advantages the foster parents have. Establishing common ground and a common goal reduces the feelings of competition and supports the practice of working together toward the same end.

Foster parents have reasons why they find it difficult to commit to the goal of reunification. They understand the risks involved, they have viewed the effects of maltreatment on the child firsthand and they are committed as professional parents to the child's health and safety. It is important to help them look beyond their fears and concerns to children's long-term best interest, the opportunity to grow up in their own family. Commitment to this belief and goals makes the partnership possible.

Both birth and foster parents bring expertise to the team of helping children in care. Birth parents bring a knowledge of the child's past, the child's roots and hopes for the child's future. They bring meaningful connections and continuity. Foster parents bring a knowledge of child development, parenting skills, the ability to help the child attach, skills on building self-esteem, the ability to work on loss issues and skills in helping the child master daily living tasks. When foster parents can share their expertise with birth parents and teach and model good parenting skills, children are bound to benefit. In order to do this, foster parents need to know all relevant background information about the child and what the service plan is for the parents. Staff will need to use their expertise to develop a partnership between birth families and foster families. Negotiating limits and boundaries and keeping open and clear communication will be keys to an effective working relationship. Caseworkers can provide feedback about the ways expectations are being met and how this is benefiting the child and birth parents.

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Stories

A Dream Come True*

Hello. I live and was born in Charlotte. I am now eighteen years old. In my life I have suffered a lot of pain. I=ve lived in many different homes S too many to count! I=ve been in the State=s custody since I was 6 years old. I really didn't like the Asystem@ because I felt like just another kid. I really didn't feel important. I guess most of my life I felt very low, like no one even cared about me. The State just made me feel worse S even lower.

At the age of fifteen, I tried to kill myself. I was hospitalized for two months. Then I was placed in *another* foster home. This turned out to be a great place for me. Out of every home I have been to this was the first time I actually felt loved. I learned that when someone loves you, then no matter what you do or what you say, that person will still be there. In my life everyone has left me, abandoned me, or abused me. This home is and was different. I was taught to become Ame@ and not what everyone else wanted me to be. I learned to love myself and others.

I have not tried to kill myself in over three years. This home was a dream come true. If I did not live with this lady I don't think I would be alive today.

I want kids out there to know that if you let yourself love yourself and others, you too can be happy. Having someone to care about you is the best thing you could have. Yeah, you need money, food, and clothes but the thing that I think you need most is love. I also want everyone to know that the lady that helped me is the best thing that could ever happen to me. I dedicate this story to her. Maybe this all sounds stupid to you, but to me this means a whole lot. Why?? Because this lady is the first person to teach me how to love. Just knowing that I can be loved or that someone actually cares about me means the world to me!!

My foster mom has had the biggest impact on my life. I used to want some guy to sweep me off my feet. But through a lot of pain I caused myself and her, I learned that I don't need some dork to hurt me.

I want to thank DSS for one thing S thanks for giving me the best person that I could ever have.

* Originally published in *Fostering Perspectives*, a newsletter of the Jordan Institute for Families, University of North Carolina School of Social Work, Chapel Hill. Reprinted with permission.

The Other Mother*

It was December 7, 1992 when our first foster child passed away and February 7, 1997, when another foster child died, just 4 years and 2 months apart. Both were daughters; the first (whom we nicknamed ANiki@) had turned two just hours before she left us. The next (whom we called APorsche@) was not quite 15 months old. Both were born not just HIV-Positive, but with Afull blown@ AIDS. There were 17 other foster children between the girls, eleven of whom were born HIV-Positive, but none of them taught us more or gave us more than these two.

At the same time, there were none who required more: more physical care, more doctor visits, more hospital stays, more medical equipment, more sleepless nights, more prayers and tears, more physical therapy, more medications, more special formulas and foods, more worry, more over-protectiveness on our part, more of all we had to give.

Just as some questioned when Niki passed away, others asked upon Porsche=s death, AWill you take another child who is HIV-Positive, knowing that they might die?@ And just as emphatically the second time, we answer, AYes!@

For these special children are the reason we are foster parents. And though there is always a chance we may lose another child to this horrible disease, most of the children serorevert (lose the virus) by 18 months of age.

But this isn't a story just about us. It is about working with the biological parents. Though Porsche was Aour@ child, when death was approaching we decided to welcome **without judgment** her biological family into our home because visits outside our home were neither practical nor in Porsche=s best interest.

My heart was asking them, AWhere were you when she ran fevers over 103 degrees? Where were you when she couldn't stop vomiting? Where were you when I sat up with Porsche night after night after night? Where were you when the morphine wore off and she cried for hours unending? Why did you neglect and abuse this beautiful child? And why did you have unprotected sex when you knew that you had AIDS and could pass it on to your unborn child?@

But my voice didn't speak those words. I welcomed them into my home, updated them on Porsche=s medical status, and filled them in on the many months of her life that they had missed. I pulled out Porsche=s ALife Book@ and let them take all the photos they wanted, explaining when and where each had been taken. We shared bits and pieces of one another=s lives and after a while, we formed a kind of bond.

But most importantly, I treated them with respect. Above all else, we had one thing in common: we all loved our daughter.

* By Cheryl Ezell. Originally published in *Fostering Perspectives*, a newsletter of the Jordan Institute for Families, University of North Carolina School of Social Work, Chapel Hill. Reprinted with permission.

I spent my last day with Porsche alone except for those who stopped in for a visit: the hospice nurse and social worker, my pastor, and Porsche's HIV nurse and medical social worker. I put the Kathie Lee Gifford lullaby CD in the stereo and held Porsche continually. I carried her to the refrigerator, the phone, the bathroom, the front door & I couldn't put her down.

I sang to her, I read her, *Just In Case You Ever Wonder*, by Max Lucado. It's a wonderful story about how God chose just the right baby to give to me and how I will always love the baby, and about heaven. I told Porsche all about Heaven and that I would see her there some day. I told her she didn't have to fight any longer; I told her she could go and be an angel now. I told her over and over how much I loved her, how much everyone loved her.

I kissed her forehead, her eyelids, her nose, her cheeks, her mouth, her chin, her hands...and I pulled her to my breast and whispered *Listen to Mommy's heart. It says >I love you= with every beat.<* And then she was gone.

At her funeral three days later, her biological family asked me to sit with them. They introduced me to the extended family as Porsche's *Another mother* and we held and comforted one another as we said our final good-bye to our daughter.

I am blessed to have been able to love Porsche and share her life for a short while. And the bond with the biological mother? Two days after the funeral, she prematurely gave birth to a little boy whom she asked me to help name. Though I am not his foster mother (he was placed in another foster home for children with HIV), I am his Godmother.